## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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appropriate. All further indicated unless correcte maintenance fee notificat	correspondence including delegations	g the Patent, advance or erwise in Block 1, by (a	rders and notification of a) specifying a new corre	maintenance fees wil spondence address; a	ll be ma and/or (b	niled to the current of indicating a separ	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
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SCHERING-PLOUGH CORPORATION PATENT DEPARTMENT (K-6-1, 1990) 2000 GALLOPING HILL ROAD				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
KENILWORTH			(Depositor's name					
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/701,244 TITLE OF INVENTION	11/04/2003 : METHODS AND THE	ERAPEUTIC COMBINA	Jay S. Fine TIONS FOR THE TREA	TMENT OF DEMYE		CV01679 ION	6101	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0	\$1440		\$1510	02/10/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7				
HUI, SAN MING R		1617	514-183000	_				
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME All PLEASE NOTE: Unl	ess an assignee is identi	registered attorney or agent) and the names of up to						
recordation as set fortl (A) NAME OF ASSIC	h in 37 CFR 3.11. Comp	oletion of this form is NO	OT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
SCHERING CORPORATION			KENILWORTH, NEW JERSEY					
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent) :	Individual 🚨 Cor	poration	or other private gro	up entity Government	
4a. The following fee(s) a  23 Issue Fee  Publication Fee (N  Advance Order - #	o small entity discount p	<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0365 (enclose an extra copy of this form).</li> </ul>						
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu	i above)	☐ b. Applicant is no los					
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Authorized Signature	, i	Date February 4, 2009						
Typed or printed name MARK W. RUSSELL			Registration No. 37,514					
Alexandria, virginia 223	13-1430.		on is required to obtain or 1.14. This collection is expending upon the indice Chief Information Offic COMPLETED FORMS Topond to a collection of in				by the USPTO to process) g gathering, preparing, and he you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450, number	